



<input type="checkbox"/>	Individual Project
<input type="checkbox"/>	Regional Project
<input type="checkbox"/>	EC Board Project

Project ID _____

Member ID _____

NSNA PROJECT APPLICATION FORM

I. Project Coordinator(s) Information (use extra sheets for additional coordinators)

F	<input type="text"/>	MI	<input type="text"/>	L	<input type="text"/>
Contact Address			Contact Address INDIA		
<input type="text"/>			<input type="text"/>		
Email			Home		
<input type="text"/>			<input type="text"/>		
Are you a Current NSNA Member?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, Are you a Life/Annual/Student?			<input type="text"/>		
			Work		
			<input type="text"/>		
			Fax		
			<input type="text"/>		

II. NSNA Project Description

Name of the Project	<input type="text"/>
Purpose of the Project	<input type="text"/>

Who benefits from this Project and How? (Describe briefly)

Who administers the funding for this? Project?

NOTE: Attach separate sheets, if necessary, and also attach any legal or other documents regarding the individual or agency or organization administering the project.

III. NSNA Project Period

If One Time Service	<input type="checkbox"/>	Start Date	<input type="text"/>	End Date	<input type="text"/>
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If long term (maximum until the end of a region's term), please describe how, when and how often the services are provided to the intended recipients. Note: Any open special projects will be closed at the end of a hosting region's term

NSNA PROJECT APPLICATION FORM (Continued ...)

IV. Progress Report(s) and/or Completion Report(s)

Please provide the Name of the Person or Agency or Organization responsible for this report(s)

Name			
Contact Address			
E mail		Phone	

V. Audit Report

Please provide the Name of the Person or Agency or Organization responsible for the Audit Report of the Accounts of funding expended for the Project:

Name			
Contact Address			
E mail		Phone	

VI. Signatures

The information provided above is true to the best of my/our knowledge and I understand NSNA will take 5% as administration fees from the total amount collected or \$50 if total donation is less than \$1000 and any other bank fees incurred.

Please do not send any checks or matching funds before the project is approved. If we receive any checks or matching funds for any projects that is not in file as approved, the checks will be deposited in to NSNA General Funds. It will not be refunded.

Project Coordinator(s)		Date Signed	
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The above project was reviewed and approved by the NSNA EC Board:

Place Signed		Date	
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NSNA EC Members	
1.	2.
3.	4.
5.	6.
7.	

For additional details on all approved NSNA Projects, check the NSNA web site at: <https://www.achi.org>

Comments: